



Smooth Claims Processing

Ms. Uli Engel

Deputy Chief, Program Operations Division
TRICARE Area Office - Europe



Your Passport to Quality Health

Objectives

- Identify critical elements that cause delay or non-payment of civilian medical claims
- Utilize tools to examine MTF/TSC practices
- Establish or change business rules and guidelines to facilitate smoother claims processing



Overview

- The Process
 - Starts at the MTF
 - Continues at the HN Providers Office
 - Continues At The Claims Processor
 - Ends With Full Payment to the Provider/Beneficiary
- Claims Processing at WPS
- Success at Your MTF
 - A Tool for Success
- Questions



At the MTF

- MTF Commanders Build Host Nation Preferred Provider Networks Considering:
 - Specialty Care Needs
 - MTF Capacity/Capabilities
 - Contingencies



At the MTF

- Host Nation Network Coordinator Routinely Educate and Inform Preferred Providers About:
 - MTF Requirements/Processes
 - The TRICARE Program
 - TRICARE Benefit Coverage
 - Claims Processing Requirements/Rrocesses
 - Reconciliation of Claims Payments



At the MTF

- Beneficiary Calls for an Appointment
 - Check DEERS for Eligibility and Enrollment
 - Refer to TSC if problems or discrepancies with:
 - Eligibility
 - Enrollment
- Book Appointment with MTF Provider

or



At the MTF

- Beneficiary is Referred to a HN Provider
 - Maximize Utilization of Network Providers
 - Non-network providers should be an exception
 - Ask if Beneficiary has a Primary Health Insurance
 - Can impact the referral process
 - Refer to BCAC
 - Make Appointment
 - Issue a Care Authorization
 - NAS function in EWRAP/EWRAS



At the MTF

- Beneficiary is Referred to a HN Provider
 - Provide a Referral Package
 - Completed claim form (DD Form 2642)
 - Copy of care authorization
 - Provider introduction letter
 - identifies beneficiary category
 - Additional referral procedures
 - Medical report
 - Claims payment source
 - MTF contact information
 - Copy of ID Card



At the Network Providers Visit

- Provider
 - Review of Referral Package
 - Provide Healthcare Service
 - Provide Medical Report to MTF
 - Submit Claim as Instructed
 - To MTF if ADSM
 - To WPS for all other TRICARE Europe eligible beneficiaries



At the Network Providers Office

- Provider
 - Wait Approx. 50 Days for Payment of the Bill
 - Once EOB and Payment is Received
 - Verify accuracy of amount billed/allowed/paid
 - Contact WPS Immediately if Incorrect Payment Was Made or if Payment is Not Received Within 50 Days
 - Contact WPS via email or toll free phone number
 - Check WPS claims website - www.tricare4u.com
 - If issue cannot be resolved



WPS Claims Processing

- Manual Claims Data Entry
- Various System Edits
- Data Submitted to TMA
- TMA Approves Payment
- WPS Issues Check
- Check is Matched with EOB
- Mailed or EFT



Success at your MTF

- Ensure MTF/TSC Staff Obtain Necessary Training
- Routinely Educate Beneficiary Population
- Ensure Network Providers understand TRICARE
- Stay Abreast of MTF Claims Issues



A Tool for Success

- Claims Management System (CMS)
 - Weekly WPS Report of Claims Processed for Lack of Care Authorization
 - Monthly WPS Report of All Claims Processed/Adjusted



A Tool for Success (con't)

- CMS Commander Dashboard Reports
 - Trends
 - Number of claims per month
 - Percentage of claims processed for lack of care authorization
 - TSC staff time to completion
 - Overview of retroactive care authorizations

